

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

OB

11 APR 28 AM 11:43

A Public Document



APR 27 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeSaulnier Mark J

1. Office, Agency, or Court

Agency Name

CA State Senate

Division, Board, Department, District, if applicable

District 7

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-OR-

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and any attached schedules and certify that the information herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/27/11
(month, day, year)

Signature

FLB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary · ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____ (Describe)☐ Other _____ (Describe)

(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____ (Describe) _____

Comments:

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____ Street address

City

☐ Guarantor☐ Other _____ (Describe)

Print Name _____ Office, Agency or Court _____

Statement Type ☐ 2010/2011 Annual ☒ 1 yr Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature

MAR 1 2011

A Public Document PM 5:07

Please type or print in ink.

| | | | |
|---|---------|----------|--------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| DeSaulnier | Mark | J | (d)(5) |
| MAILING ADDRESS (Business Address Acceptable) | STREET | CITY | STATE |
| (d)(5) | | | ZIP CODE |
| | | | OPTIONAL: E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA State Senate

Division, Board, District, if applicable:

District 7

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-1-11

(month, day, year)

Signature

(d)(5)

(File the originally signed statement with your filing authority.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark DeSaulnier

1. BUSINESS ENTITY OR TRUST

DDL Corp. DBA TR's Bar & Grill

Name

PO Box 272687

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Corporation

Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE D Income – Gifts

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Mark DeSaulnier |
|--|

| ▶ NAME OF SOURCE <u>CA State Protocol Found & Gov.Schwarzenegger</u> ADDRESS (Business Address Acceptable) <u>Governor's Office, Sacramento CA 95814</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>1 / 6 / 10</td> <td>\$ 57.00</td> <td>State Luncheon</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 1 / 6 / 10 | \$ 57.00 | State Luncheon | / / | \$ | | / / | \$ | | ▶ NAME OF SOURCE <u>CA Professional Firefighters</u> ADDRESS (Business Address Acceptable) <u>1740 Creekside Drive, Sacramento, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>1 / 11 / 10</td> <td>\$ 68.97</td> <td>Dinner reception</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 1 / 11 / 10 | \$ 68.97 | Dinner reception | / / | \$ | | / / | \$ | |
|--|-----------------|------------------------|------------------------|-------------|-----------|--------------------|-----|----|--|-----|----|--|---|-----------------|-------|------------------------|-------------|----------|--------------------|-----|----|--|-----|----|--|
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 / 6 / 10 | \$ 57.00 | State Luncheon | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 / 11 / 10 | \$ 68.97 | Dinner reception | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| ▶ NAME OF SOURCE <u>CA Democratic Party</u> ADDRESS (Business Address Acceptable) <u>1401 21st Street, Ste 200, Sacramento, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>1 / 12 / 10</td> <td>\$ 110.78</td> <td>Mulvaney's retreat</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 1 / 12 / 10 | \$ 110.78 | Mulvaney's retreat | / / | \$ | | / / | \$ | | ▶ NAME OF SOURCE <u>CA Tribal Business Alliance</u> ADDRESS (Business Address Acceptable) <u>1530 J Street, #400, Sacramento, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>1 / 12 / 10</td> <td>\$ 92.68</td> <td>Session Bash</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 1 / 12 / 10 | \$ 92.68 | Session Bash | / / | \$ | | / / | \$ | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 / 12 / 10 | \$ 110.78 | Mulvaney's retreat | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 1 / 12 / 10 | \$ 92.68 | Session Bash | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| ▶ NAME OF SOURCE <u>Labor Council of Contra Costa County</u> ADDRESS (Business Address Acceptable) <u>1333 Pine Street, Ste E, Martinez, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>3 / 8 / 10</td> <td>\$ 50.00</td> <td>Dinner ticket</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 3 / 8 / 10 | \$ 50.00 | Dinner ticket | / / | \$ | | / / | \$ | | ▶ NAME OF SOURCE <u>CA Building Industry Association</u> ADDRESS (Business Address Acceptable) <u>1415 L Street, Sacramento, CA</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>5 / 5 / 10</td> <td>\$ 79.55</td> <td>Legislative Dinner</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> <tr> <td> / / </td> <td>\$ </td> <td> </td> </tr> </tbody> </table> | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | 5 / 5 / 10 | \$ 79.55 | Legislative Dinner | / / | \$ | | / / | \$ | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 3 / 8 / 10 | \$ 50.00 | Dinner ticket | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| 5 / 5 / 10 | \$ 79.55 | Legislative Dinner | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | |

Comments: _____

SCHEDULE D Income - Gifts

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Mark DeSaulnier |
|--|

► NAME OF SOURCE
CA State Univ. East Bay
 ADDRESS (Business Address Acceptable)
25800 Carloss Bee Blvd, Hayward, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 5 / 22 / 10 | \$ 250.00 | Dinner ticket |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
CA Democratic Party
 ADDRESS (Business Address Acceptable)
1401 21st Street, Ste 200, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 12 / 5 / 10 | \$ 170.57 | Dinner at Biba's |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
Planned Parenthood, Shasta-Diablo
 ADDRESS (Business Address Acceptable)
2185 Pacheco Street, Concord
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 6 / 27 / 10 | \$ 250.00 | Event ticket |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
The CA Roast
 ADDRESS (Business Address Acceptable)
1220 H Street, Ste 102, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 6 / 1 / 10 | \$ 200.00 | Event ticket |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Mark DeSaulnier |

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

| | |
|--|-------------------------------------|
| ▶ NAME OF SOURCE <u>Fundacion Nueva Generacion Argentina</u> | |
| ADDRESS (Business Address Acceptable) <u>Bv. Orono 1231, Planta, Rosario S2000KDB</u> | |
| CITY AND STATE <u>Argentina</u> | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | <input type="checkbox"/> 501 (c)(3) |
| DATE(S): <u>11 / 5 / 10</u> - <u>11 / 12 / 10</u> AMT: \$ <u>1397.00</u> <small>(If applicable)</small> | |
| TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income | |
| DESCRIPTION: <u>Accommodations, meals and ground transportation</u> | |

| | |
|--|--|
| ▶ NAME OF SOURCE <u>CA Applicant's Attorney Asociation</u> | |
| ADDRESS (Business Address Acceptable) <u>1303 J Street, # 420</u> | |
| CITY AND STATE <u>Sacramento, CA</u> | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | <input checked="" type="checkbox"/> 501 (c)(3) |
| <u>Conference speaker</u> | |
| DATE(S): <u>6 / 24 / 10</u> - <u>6 / 25 / 10</u> AMT: \$ <u>244.00</u> <small>(If applicable)</small> | |
| TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income | |
| DESCRIPTION: <u>Hotel expenses</u> | |

| | |
|--|-------------------------------------|
| ▶ NAME OF SOURCE <u>Ministry of Foreign Affairs of Chile</u> | |
| ADDRESS (Business Address Acceptable) <u>Teatinos 180, Santiago, Chile</u> | |
| CITY AND STATE | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | <input type="checkbox"/> 501 (c)(3) |
| DATE(S): <u>11 / 12 / 10</u> - <u>11 / 18 / 10</u> AMT: \$ <u>500.00</u> <small>(If applicable)</small> | |
| TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income | |
| DESCRIPTION: | |

| | |
|---|--|
| ▶ NAME OF SOURCE <u>National Conference of State Legislatures</u> | |
| ADDRESS (Business Address Acceptable) <u>444 North Capitol Street, NW</u> | |
| CITY AND STATE <u>Washington, DC</u> | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | <input checked="" type="checkbox"/> 501 (c)(3) |
| <u>Committee Vice-Chair, Speaker</u> | |
| DATE(S): <u>7 / 23 / 10</u> - <u>7 / 27 / 10</u> AMT: \$ <u>1200.00</u> <small>(If applicable)</small> | |
| TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income | |
| DESCRIPTION: <u>Hotel, airline expenses</u> | |

Comments: _____